Enrollment Form

Please complete the survey below.

Thank you!

Select a language

Select a language	◯ English ◯ Español ◯ Français

Let's customize your experience

This application requires you to read text to answer questions. Do you have any vision-related requirements we can assist with?	◯ Yes ◯ No
Yes, I would like to use some of the accessibility features of the app	☐ I would like to change the font size ☐ I would like to change the font color (high contrast mode) ☐ I would like to use a screen reader ☐ I would like a person to read the text to me
This application may present some sound files for you to listen to. Do you have any hearing-related requirements we can assist with?	◯ Yes ◯ No
Yes, I would like to use some of the accessibility features of the app	☐ I would like to turn up the volume ☐ I would like to turn on closed captions ☐ I would like to use haptic feedback (vibrations) instead of audio cues
This application requires you to navigate through the questions using a touch screen. Do you have any physical challenges we can accomodate?	◯ Yes ◯ No
Yes, I would like to use some of the accessibility features of the app	☐ I would like to increase the size of the buttons ☐ I have an alternative keyboard I'd like to connect instead ☐ I would like to navigate the survey using voice commands instead of the touch screen
This application requires you to read text, answer questions, and follow directions. Do you have any cognitive challenges, including difficulty reading, that we can assist with?	◯ Yes ◯ No
Yes, I would like to use some of the accessibility features of the app	☐ I would like the questions to be read to me using text-to-speech ☐ I would like a person to read the text to me ☐ I would like to speak my answers instead of typing them

Who is participating in completing this survey?

Check all that apply

- ☐ Self
- ☐ Assistant
- ☐ Parent/Caregiver

Tell us about yourself

What is your primary language?

- ◯ English
- ◯ French
- ◯ Spanish
- ◯ Other (Please specify below)

If primary language is "other", please specify: _____

Do you speak any additional language(s) fluently (similar to a native speaker)?

- ☐ None
- ☐ English
- ☐ French
- ☐ Spanish
- ☐ Other (please specify below)

If you speak any other languages fluently, please specify: _____

What is your date of birth? _____

Do you have any of these conditions, diagnosed by a clinician?

(Check all that apply if you currently have the condition)

Voice Disorders

	Unchecked	Checked
Laryngeal cancer	◯	◯
Lesions of the vocal cord (nodule, polyp, cyst)	◯	◯
Recurrent laryngeal papilloma (RRP)	◯	◯
Spasmodic dysphonia / Laryngeal Tremor	◯	◯
Unilateral vocal fold paralysis	◯	◯

Neurological and Neurodegenerative Disorders

	Unchecked	Checked
Alzheimer's, dementia, or mild cognitive impairment	◯	◯
Amyotrophic Lateral Sclerosis (ALS)	◯	◯
Parkinson's disease	◯	◯

Mood and Psychiatric Disorders

	Unchecked	Checked
Alcohol or Substance Use Disorder	◯	◯
Anxiety disorder	◯	◯
Attention-Deficit / Hyperactivity Disorder (ADHD)	◯	◯
Autism Spectrum Disorder (ASD)	◯	◯
Bipolar Disorder	◯	◯
Borderline Personality Disorder (BPD)	◯	◯
Depression or Major Depressive Disorder	◯	◯
Eating Disorder (ED)	◯	◯
Insomnia / sleep disorder	◯	◯
Obsessive-Compulsive Disorder (OCD)	◯	◯
Panic Disorder	◯	◯
Post-Traumatic Stress Disorder (PTSD)	◯	◯
Schizophrenia	◯	◯
Social Anxiety Disorder	◯	◯
Other psychiatric disorder	◯	◯

Respiratory disorders

	Unchecked	Checked
Asthma	◯	◯
Airway stenosis (for example: bilateral vocal fold paralysis; laryngeal stenosis)	◯	◯
Chronic Cough	◯	◯
COPD	◯	◯
Obstructive Sleep Apnea (OSA)	◯	◯

Pediatric disorders

	Unchecked	Checked
Autism Spectrum Disorder (ASD)	◯	◯
Speech Delay	◯	◯

Eligible Studies

Eligible Studies

- ☐ Voice Disorders
- ☐ Neurological and Neurodegenerative Disorders
- ☐ Mood and Psychiatric Disorders
- ☐ Respiratory Disorders
- ☐ Pediatric Disorders

How did you learn about this study?

How did you learn about this study?

- ◯ Through my physician/provider
- ◯ A flyer
- ◯ Social Media
- ◯ Bridge2AI Website
- ◯ At an event
- ◯ Other

If "At an event", please specify:

_____

If "Other", please specify:

_____

Contact Information

First Name

_____

Last Name

_____

Phone Number

_____
(###-###-####)

Email

_____

I want my contact information to be kept in a repository for this study which can be used to contact me to ask me to enroll in further studies or return important results.

- ◯ Yes
- ◯ No

My information will not be shared with third parties.

Review and Enroll:

Please review your answers reading all the way through the bottom and select an option. If you have any questions, you can still proceed with enrollment and ask or make changes at a later time.	◯ Enroll ◯ Decline
Is Control Participant?	◯ Yes ◯ No
Please select a reason for declining	◯ I am not interested in having my voice recorded ◯ I do not have enough time today and want to be contacted later ◯ I do not have enough time and do not want to be contacted later ◯ I prefer not to share any health information for research ◯ Other (Please specify)
If "Other" reason for declining enrollment, please specify:	_____
Enrollment Institution	◯ BCH ◯ MIT ◯ Mt. Sinai ◯ USF ◯ VUMC ◯ WCM
Researcher Email	_____
Enrollment Origin	◯ Bridge2AI App ◯ Bridge2AI Enrollment Website

Enrollment Form - Metadata

Enrollment Form Started At	_____
Enrollment Form Completed At	_____
Enrollment Form Duration (seconds)	_____